

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location.
[SEE MAP ON REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I.D. Number _____

Date Received _____

INSTRUCTIONS

Complete and return within (30) days following completion of site investigation.

I. Ownership of Tank(s)

Owner Name: Mrs. Polly Edwards
 Corporation, Individual, Public Agency, or Other Entity
 Street Address: 5916 Hickory Grove Road
 County: Guilford
 City: Greensboro State: NC Zip Code: 27410
 Telephone Number: () N/A
 (Area Code)

II. Location of Tank(s)

Facility Name: Polly Edwards Property
 (or Company)
 Facility ID # (if available):
 Street Address: 5916 Hickory Grove Road
 (or State Road)
 County: Guilford City: Greensboro Zip Code: 27410
 Telephone Number: () N/A
 (Area Code)

III. Contact Person

Name: Gene Tarascio (NCDOT) Job Title: Project Environmental Engineer Tel. No.: (919) 250-4088
 Closure Contractor: Soil Solutions, Inc. Address: 1703 Vargrave St., Greensboro, NC Tel. No.: (336) 725-5844
 Primary Consultant: ARCADIS Geraghty & Miller Address: 2301 Rexwells Dr., Suite 200, Raleigh, NC Tel. No.: (919) 782-5511
 Lab: Chemical & Environmental Technologies Address: 102-A Woodwinds Industrial Ct., Cary, NC Tel. No.: (919) 735-7353

IV. U.S.T. Information

Tank No.	Size in Gallons	Tank Dimensions	Last Contents	Water in Excavation		Free Product		Notable Odor or Visible Soil Contamination	
				Yes	No	Yes	No	Yes	No
1	1000	4ft x 10 ft	Gasoline		X		X		X

VI. Additional Information Required

See reverse side of pink copy (owner's copy) for additional information required by N.C. - DEM in the written report and sketch.

NOTE: The site assessment portion of the tank closure must be conducted under the supervision of a Professional Engineer or Licensed Geologist. After Jan. 1, 1994, all closure site assessment reports must be signed and sealed by a P.E. or L.G.

RECEIVED
N.C. Dept. of EHN
FEB 11 1999
Winston Salem Regional Office

VII. Check List (Check the activities completed)

PERMANENT CLOSURE (For Removing or Abandoning-in-place)

- ☐ Contact local fire marshal.
☐ Notify DEM Regional Office before abandonment.
☐ Drain & flush piping into tank.
☒ Remove all product and residuals from tank.
☒ Excavate down to tank.
☒ Clean and inspect tank.
☐ Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures.
☐ Cap or plug all lines except the vent and fill lines.
☒ Purge tank of all product & flammable vapors.
☐ Cut one or more large holes in the tanks.
☐ Backfill the area.
 Date Tank(s) Permanently closed: _____
 Date of Change-in-Service: _____

ABANDONMENT IN PLACE

- ☐ Fill tank until material overflows tank opening.
☐ Plug or cap all openings.
☐ Disconnect and cap or remove vent line.
☐ Solid inert material used - specify: _____

REMOVAL

- ☐ Create vent hole.
☒ Label tank.
☒ Dispose of tank in approved manner.
 Final tank destination: Safeway Tank Disposal, Inc.
9501 HWY 421, Colfax, NC

VIII. Certification (Read and Sign)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Print name and official title of owner or owner's authorized representative

Signature

Date Signed

Eugene Tarascio, Project Environmental
Geologist

Eugene Tarascio
 White Copy - Regional Office

2/1/99
 Pink Copy - Owner